|                     |                           |                    | :III           |                                    |
|---------------------|---------------------------|--------------------|----------------|------------------------------------|
| Fill in this info   | ormation to identify your | case:              |                |                                    |
| Debtor 1            | Jacqueline J Dav          | enport             |                |                                    |
|                     | First Name                | Middle Name        | Last Name      |                                    |
| Debtor 2            |                           |                    |                |                                    |
| (Spouse if, filing) | First Name                | Middle Name        | Last Name      |                                    |
| United States E     | Bankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA |                                    |
| Case number         | 18-11279                  |                    |                |                                    |
| (if known)          |                           |                    |                | Check if this is an amended filing |
|                     |                           |                    |                |                                    |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets   |             |                                  |
|-----|--|-------------|----------------------------------|
|     |  | Your a      | ssets<br>of what you own         |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 420,000.00                       |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 56,781.09                        |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 476,781.09                       |
| Pai | t 2: Summarize Your Liabilities  |             |                                  |
|     |  |             | i <b>abilities</b><br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D           | \$          | 330,512.00                       |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                      | \$          | 111.61                           |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 38,394.92                        |
|     | Your total liabilities   | \$          | 369,018.53                       |
| Pai | t 3: Summarize Your Income and Expenses  |             |                                  |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 6,436.66                         |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,419.61                         |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |             |                                  |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                               | ır other sc | hedules.                         |
| 7.  | ■ Yes What kind of debt do you have?   |             |                                  |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "11 LLS C & 101(0). Fill out lines 8 On for statistical purposes 28 LLS C & 150 | a personal  | , family, or                     |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |    |
|----|--|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ |

0.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 111.61    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 14,481.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 14,592.61 |

|                | Case  | 18-11279-m  | ac Doc 18                                   |                          | ea 04/05.<br>cument               | Page 3 of                                    | ea 04/05<br>76               | 5/18 20     | 24:16            | Des     | sc Main  |
|----------------|---|---|---|--------------------------|-----------------------------------|--|------------------------------|-------------|------------------|---------|--|
| Fill           | in this inforn  | nation to identify  | your case and th                            |                          |                                   | 1 1000 0 01                                  | 40                           |             |                  |         |  |
| Deb            | otor 1  | Jacqueline J  | Davenport                                   |                          |                                   |  |                              |             |                  |         |  |
|                | 0   | First Name  | Middle                                      | e Name                   |                                   | Last Name                                    |                              |             |                  |         |  |
|                | otor 2<br>use, if filing)                             | First Name  | Middle                                      | e Name                   |                                   | Last Name                                    |                              |             |                  |         |  |
| Unit           | ted States Bai  | nkruptcy Court for  | the: EASTERN                                | DISTRI                   | CT OF PENN                        | SYLVANIA                                     |                              |             |                  |         |  |
| Cas            | se number _1  | 18-11279  |   |                          |                                   | _  |                              |             |                  |         | Check if this is an amended filing                           |
| _              |   | rm 106A/B<br><b>e A/B: Pr</b>   | -   |                          |                                   |  |                              |             |                  |         | 12/15  |
| think<br>infor | it fits best. Be<br>mation. If more<br>ver every ques | eparately list and de<br>e as complete and a<br>e space is needed, a<br>tion.<br>Each Residence, Bu | accurate as possibl<br>attach a separate sl | le. If two<br>heet to tl | married people<br>his form. On th | e are filing togethe<br>e top of any additio | r, both are e<br>onal pages, | qually resp | onsible for su   | pplyin  | ng correct   |
|                | No. Go to Part  |   |   |                          |                                   |  |                              |             |                  |         |  |
| 1.1            | 404411  |   |   | What                     | is the property                   | y? Check all that apply                      |                              |             |                  |         |  |
|                |   | ingdon Road<br>if available, or other desc  | cription                                    |                          | •                                 | home<br>Iti-unit building<br>or cooperative  |                              | the amount  | of any secure    | d claim | r exemptions. Put<br>ns on Schedule D:<br>cured by Property. |
|                | Abington  | PA  | 19001-0000                                  |                          | Manufactured<br>Land              | or mobile home                               |                              | Current va  |                  |         | rent value of the tion you own?                              |
|                | City  | State   | ZIP Code                                    |                          | Investment pr                     | operty                                       |                              | \$32        | 20,000.00        |         | \$320,000.00   |
|                |   |   |   |                          | Timeshare<br>Other                |  |                              | (such as fo |                  |         | wnership interest<br>by the entireties, or                   |
|                |   |   |   | Who                      | Debtor 1 only                     | t in the property?                           | Check one                    | Fee sim     | •                |         |  |
|                | Montgome  | ery   |   |                          | Debtor 2 only                     |  |                              |             | -                |         |  |
|                | County  |   |   |                          | Debtor 1 and                      | Debtor 2 only                                |                              | - Check     | t if this is com | muni4   | v property   |
|                |   |   |   |                          | At least one o                    | f the debtors and an                         | other                        |             | structions)      | munit   | y property   |

Official Form 106A/B Schedule A/B: Property page 1

Other information you wish to add about this item, such as local

property identification number:

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| Debt         | or 1 <b>_</b>                      | Jacqueline  | J Dave                      | enport           |  |                                      | - uge + c                           | Case            | number (if known)                     | 18-1     | 1279   |
|--------------|------------------------------------|---|-----------------------------|------------------|--|--------------------------------------|-------------------------------------|-----------------|---------------------------------------|----------|--|
|              | If you o                           | own or have                                       | e more                      | than one, lis    | st here:                                     |                                      |                                     |                 |                                       |          |  |
| 1.2          | •                                  |   |                             | •                |  | t is the proper                      | ty? Check all that app              | ply             |                                       |          |  |
|              |                                    | lowell Stre                                       |                             |                  | =  | Single-family                        | home                                |                 |                                       |          | ims or exemptions. Put                             |
|              | Street addre                       | ess, if available, o                              | or other des                | scription        |  | Duplex or mu                         | ulti-unit building                  |                 |                                       |          | I claims on Schedule D:<br>ns Secured by Property. |
|              |                                    |   |                             |                  |  | Condominiun                          | n or cooperative                    |                 |                                       |          |  |
|              |                                    |   |                             |                  |  | Manufacture                          | d or mobile home                    |                 | C                                     |          |  |
|              | Philade                            | elphia  | PA                          | 19120-000        | 0 🗆  | Land                                 |                                     |                 | Current value of the entire property? | ie       | Current value of the portion you own?              |
|              | City                               |   | State                       | ZIP Code         |  | Investment p                         | roperty                             |                 | \$100,000                             | .00      | \$100,000.00                                       |
|              |                                    |   |                             |                  |  |                                      |                                     |                 | Describe the natu                     | re of vo | our ownership interest                             |
|              |                                    |   |                             |                  |  | Other                                |                                     |                 | (such as fee simp                     | le, tena | ancy by the entireties, or                         |
|              |                                    |   |                             |                  | Who  |                                      | st in the property?                 | ? Check one     | a life estate), if kn                 | own.     |  |
|              | Dhilada                            | lnhia   |                             |                  |  | Debtor 1 only                        |                                     |                 | ree simple                            |          |  |
|              | Philade<br>County                  | eipnia  |                             |                  | _  |                                      |                                     |                 |                                       |          |  |
|              | County                             |   |                             |                  |  |                                      | Debtor 2 only                       |                 |                                       |          | munity property                                    |
|              |                                    |   |                             |                  | 011-0  | , 11 10 apr 0110 1                   | of the debtors and                  |                 | (see instructions                     | )        |  |
|              |                                    |   |                             |                  |  | er information y<br>erty identificat | you wish to add a<br>tion number:   | about this item | i, such as local                      |          |  |
|              |                                    |   |                             |                  |  |                                      |                                     |                 |                                       |          |  |
|              |                                    | , trucks, trac                                    | tors, sp                    | oort utility veh | icies, moto                                  | rcycles                              |                                     |                 |                                       |          |  |
| 3.1          | Make:                              | Mercede   | s                           |                  | Who has a                                    | ın interest in ti                    | he property? Chec                   | ck one          |                                       |          | nims or exemptions. Put d claims on Schedule D:    |
|              | Model:                             | S600  |                             |                  | Debtor                                       | 1 only                               |                                     |                 |                                       |          | ns Secured by Property.                            |
|              | Year:                              | 2010  |                             |                  | ☐ Debtor :                                   | 2 only                               |                                     |                 | Current value of t                    | he       | Current value of the                               |
|              |                                    | mate mileage:                                     |                             | 96k              | ☐ Debtor                                     | 1 and Debtor 2                       | only                                |                 | entire property?                      |          | portion you own?                                   |
|              | Other in                           | formation:  |                             |                  | ☐ At least                                   | one of the deb                       | tors and another                    |                 |                                       |          |  |
|              |                                    |   |                             |                  |  | if this is comn<br>tructions)        | nunity property                     |                 | \$17,000                              | .00      | \$17,000.00  |
| Ex.  5 A .pa | no Yes  dd the da ages you  Descri | Soats, trailers<br>ollar value o<br>ı have attach | , motors  f the poned for I | s, personal wate | ercraft, fishi<br>for all of y<br>nat number | ing vessels, s<br>your entries f     | ricles, other veh<br>nowmobiles, mo | etorcycle acce  | essories<br>entries for               |          | \$17,000.00  Current value of the portion you own? |
|              |                                    |   |                             |                  |  |                                      |                                     |                 |                                       |          | Oo not deduct secured laims or exemptions.         |

Official Form 106A/B Schedule A/B: Property page 2

Case 18-11279-mdc **Doc 18** Filed 04/05/18 Entered 04/05/18 20:24:16 Desc Main Document Page 5 of 46 Case number (if known) 18-11279 Jacqueline J Davenport Debtor 1 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... household goods and furnishings \$4.000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$500.00 TV's, smart phones, computers, tablets, printers, etc. 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... Desert Eagle micro pistol \$400.00 Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$1,500.00 wearing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$100.00 mixed breed dog

Official Form 106A/B Schedule A/B: Property page 3

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ Yes. Give specific information.....

■ No

Case 18-11279-mdc **Doc 18** Filed 04/05/18 Entered 04/05/18 20:24:16 Desc Main Page 6 of 46 Document

Case number (if known) 18-11279 Jacqueline J Davenport Debtor 1 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$6.500.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Π Nο ■ Yes.... \$3.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$1,000.00 17.1. checking Wells Fargo savings account, held jointly with 17.2. Wells Fargo \$30.00 Jada A. Brown 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: Thrift Savings Plan retirement plan - not property of this estate \$30,584.09 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No

Institution name or individual: ☐ Yes. .....

Case 18-11279-mdc **Doc 18** Filed 04/05/18 Entered 04/05/18 20:24:16 Desc Main Document Page 7 of 46 Case number (if known) 18-11279 Jacqueline J Davenport Debtor 1 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: **CUNA** \$1,457,00 children Brighthouse life insurance children \$207.00

### 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

☐ Yes. Give specific information..

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Case number (if known) 18-11279 Debtor 1 Jacqueline J Davenport 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$33,281.09 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$420,000.00 Part 2: Total vehicles, line 5 \$17,000.00 57. Part 3: Total personal and household items, line 15 \$6,500.00 58. Part 4: Total financial assets, line 36 \$33,281.09 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$56,781.09 Copy personal property total \$56,781.09 63. Total of all property on Schedule A/B. Add line 55 + line 62

Official Form 106A/B Schedule A/B: Property page 6

\$476,781.09

|                     |                          |                    | 111 I aac 3 a <del>4</del> 0 |  |
|---------------------|--------------------------|--------------------|------------------------------|--|
| Fill in this infor  | mation to identify your  | case:              |                              |  |
| Debtor 1            | Jacqueline J Dav         | enport             |                              |  |
|                     | First Name               | Middle Name        | Last Name                    |  |
| Debtor 2            |                          |                    |                              |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name                    |  |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA               |  |
| Case number         | 18-11279                 |                    |                              |  |
| (if known)          |                          |                    |                              |  |
|                     |                          |                    |                              |  |

## Official Form 106C

Part 1: Identify the Property You Claim as Exempt

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1.   | . Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |  |     |   |                                    |  |  |  |  |  |  |
|--|---|--|-----|---|------------------------------------|--|--|--|--|--|--|
| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |   |  |     |   |                                    |  |  |  |  |  |  |
|  | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  |  |     |   |                                    |  |  |  |  |  |  |
| 2.   | For any property you list on Schedule A/B   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |     |   |                                    |  |  |  |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property              | Current value of the portion you own   | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |  |  |
|  |   | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |  |  |  |  |  |  |
|  | 1644 Huntingdon Road Abington, PA   | \$320,000.00   |     | \$20,801.00   | 11 U.S.C. § 522(d)(1)              |  |  |  |  |  |  |
|  | 19001 Montgomery County Line from Schedule A/B: 1.1   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|  | 433 E Howell Street Philadelphia, PA<br>19120 Philadelphia County                                   | \$100,000.00   |     | \$4,121.00  | 11 U.S.C. § 522(d)(5)              |  |  |  |  |  |  |
|  | Line from Schedule A/B: 1.2   |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|  | 2010 Mercedes S600 96k miles<br>Line from Schedule A/B: 3.1   | \$17,000.00  |     | \$100.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |  |  |  |
|  | Line Holli Schedule A/B. 3.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|  | household goods and furnishings Line from Schedule A/B: 6.1   | \$4,000.00   |     | \$4,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |  |  |
|  | Line Holli Schedule AVD. 0.1  |  |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |  |
|  | TV's, smart phones, computers, tablets, printers, etc.  | \$500.00   |     | \$500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |  |  |

100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 7.1

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Debtor 1 Jacqueline J Davenport Page 10 of 46

Case number (if known) 18-11279

| Deni | Jacqueille 3 Davellport   |                                      |         |   | 10-11213                           |
|------|---|--------------------------------------|---------|---|------------------------------------|
|      | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|      |   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|      | Desert Eagle micro pistol Line from Schedule A/B: 10.1  | \$400.00                             | \$0.00  |   | 11 U.S.C. § 522(d)(5)              |
| '    |   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | wearing apparel Line from Schedule A/B: 11.1  | \$1,500.00                           |         | \$1,500.00  | 11 U.S.C. § 522(d)(3)              |
| '    | Ellio II oli I odi oddalo 7 v E. 1 1 1 1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | mixed breed dog<br>Line from Schedule A/B: 13.1   | \$100.00                             |         | \$100.00  | 11 U.S.C. § 522(d)(3)              |
| '    | Ellie Holli Golledale 74 B. 1611  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Cash<br>Line from <i>Schedule A/B</i> : <b>16.1</b>   | \$3.00                               |         | \$3.00  | 11 U.S.C. § 522(d)(5)              |
| '    | Line Holli Schedule A/D. 19.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | checking: Wells Fargo Line from Schedule A/B: 17.1  | \$1,000.00                           |         | \$0.00  | 11 U.S.C. § 522(d)(5)              |
| '    | Line Holli Schedule A/D. 1111   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | savings account, held jointly with<br>Jada A. Brown: Wells Fargo  | \$30.00                              |         | \$0.00  | 11 U.S.C. § 522(d)(5)              |
|      | Line from Schedule A/B: 17.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Thrift Savings Plan: retirement plan - not property of this estate  | \$30,584.09                          |         | \$30,584.09   | 11 U.S.C. § 522(d)(12)             |
|      | Line from Schedule A/B: 21.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Brighthouse life insurance<br>Beneficiary: children   | \$207.00                             |         | \$0.00  | 11 U.S.C. § 522(d)(5)              |
|      | Line from Schedule A/B: 31.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No □ Yes. Did you acquire the property covere | 3 years after that for ca            | ises fi | ,   | ,                                  |
|      | □ No □ Yes  |                                      |         |   |                                    |

|   | Document Pao  | <u>e 11 01 46 </u>                     |                         |                           |
|---|---|--|-------------------------|---------------------------|
| Fill in this information to identify y                        | our case:   |  |                         |                           |
| Debtor 1 Jacqueline J I                                       | Davenport   |  |                         |                           |
| First Name  | Middle Name Last Na   | ame                                    | -                       |                           |
| Debtor 2  |   |  | _                       |                           |
| (Spouse if, filing) First Name                                | Middle Name Last Na   | ame                                    |                         |                           |
| United States Bankruptcy Court for the                        | e: EASTERN DISTRICT OF PENNSYLV   | ANIA                                   | _                       |                           |
| Case number 18-11279  |   |  |                         |                           |
| (if known)  |   |  | ☐ Check                 | if this is an             |
|   |   |  |                         | led filing                |
| 000 1 1 5 400 5   |   |  |                         |                           |
| Official Form 106D  |   |  |                         |                           |
| Schedule D: Creditor  | s Who Have Claims Secu  | ured by Propert                        | :y                      | 12/15                     |
|   | e. If two married people are filing together, both<br>it out, number the entries, and attach it to this fo      |  |                         |                           |
| number (ii known).<br>1. Do any creditors have claims secured | by your property?   |  |                         |                           |
|   | t this form to the court with your other schedu   | les. Vou have nothing else             | to report on this form  |                           |
| _   | •   | les. Tou have nothing else             | to report on this form. |                           |
| Yes. Fill in all of the information                           | n below.  |  |                         |                           |
| Part 1: List All Secured Claims                               |   | Column A                               | Column B                | Column C                  |
|   | s more than one secured claim, list the creditor sep<br>as a particular claim, list the other creditors in Part | arately                                | Value of collateral     | Unsecured                 |
|   | etical order according to the creditor's name.  | Do not deduct the                      | that supports this      | portion                   |
| 2.1 Mercedes Benz Financia                                    | Describe the property that secures the claim  | value of collateral.<br>n: \$31,313.00 | \$17,000.00             | If any <b>\$14,313.00</b> |
| Creditor's Name   | 2010 Mercedes S600 96k miles  |  |                         |                           |
|   |   |  |                         |                           |
| D D 004   | As of the date you file, the claim is: Check all  | l<br>that                              |                         |                           |
| P.o. Box 961<br>Roanoke, TX 76262                             | apply.  |  |                         |                           |
| Number, Street, City, State & Zip Code                        | ☐ Contingent☐ Unliquidated  |  |                         |                           |
| Number, offeet, only, state a 21p sode                        | ☐ Disputed  |  |                         |                           |
| Who owes the debt? Check one.                                 | Nature of lien. Check all that apply.   |  |                         |                           |
| ■ Debtor 1 only   | ☐ An agreement you made (such as mortgage   | e or secured                           |                         |                           |
| Debtor 2 only   | car loan)   |  |                         |                           |
| Debtor 1 and Debtor 2 only                                    | ☐ Statutory lien (such as tax lien, mechanic's  | lien)                                  |                         |                           |
| At least one of the debtors and another                       | _ `   |  |                         |                           |
| ☐ Check if this claim relates to a community debt             | Other (including a right to offset)   |  |                         |                           |
| •   |   |  |                         |                           |
| Opened<br>3/30/13   |   |  |                         |                           |
| Last Active   | <b>)</b>  |  |                         |                           |
| Date debt was incurred1/16/18                                 | Last 4 digits of account number   | 001                                    |                         |                           |
|   |   |  |                         |                           |
| 2.2 Pa Housing Finance Age                                    | Describe the property that secures the claim  | n: \$299,199.00                        | \$320,000.00            | \$0.00                    |
| Creditor's Name   | 1644 Huntingdon Road Abington,  |  |                         |                           |
|   | PA 19001 Montgomery County  |  |                         |                           |
| 211 N Front St  | As of the date you file, the claim is: Check all  | that                                   |                         |                           |
| Harrisburg, PA 17101  | apply.  Contingent  |  |                         |                           |
| Number, Street, City, State & Zip Code                        | ☐ Unliquidated  |  |                         |                           |
| Miles and the debt 2 ct                                       | ☐ Disputed  |  |                         |                           |
| Who owes the debt? Check one.                                 | Nature of lien. Check all that apply.   |  |                         |                           |
| Debtor 1 only   | <ul> <li>An agreement you made (such as mortgage<br/>car loan)</li> </ul>                                       | e or secured                           |                         |                           |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                  | ☐ Statutory lien (such as tax lien, mechanic's  | lien)                                  |                         |                           |
| - Dobtor I and Dobtor Z Only                                  | — Statutory non (Suon as tax nen, mechanics   | 11011)                                 |                         |                           |

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

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| Debtor 1 Jacqueline  | e J Davenport  |  | C             | Case number (if know)         | 18-11279                              |
|--|--|--|---------------|-------------------------------|---------------------------------------|
| First Name Midd  |  | ddle Name Last Name  |               |                               |                                       |
| ☐ Check if this claim re community debt                        | elates to a  | Other (including a right to offset)  |               |                               |                                       |
| Date debt was incurred   | Opened<br>04/10 Last<br>Active<br>5/16/17  | Last 4 digits of account number  | 0784          |                               |                                       |
| Add the dollar value of  | your entries in C  | olumn A on this page. Write that number l  | nere:         | \$330,512                     | 00                                    |
|  | If this is the last page of your form, add the dollar value totals from all pages. Write that number here: |  |               | \$330,512                     |                                       |
| Part 2: List Others to   | o Be Notified fo   | r a Debt That You Already Listed   |               |                               |                                       |
| trying to collect from you                                     | u for a debt you o<br>y of the debts that  | e notified about your bankruptcy for a del<br>we to someone else, list the creditor in Pa<br>you listed in Part 1, list the additional cre<br>is page. | rt 1, and the | en list the collection age    | ncy here. Similarly, if you have more |
| Name, Number, St<br>KML Law Gro<br>701 Market St<br>Suite 5000 | up   | Zip Code   |               | n line in Part 1 did you ente | er the creditor? 2.2                  |
| Philadelphia,  | PA 19106   |  |               |                               |                                       |

|  |  | Document  | Page 13 of 4  | 46   | -   |                                   |
|--|--|---|---|--|---|-----------------------------------|
| Fill in this info  | rmation to identify your cas   | e:  |   |  |   |                                   |
| Debtor 1   | Jacqueline J Daven   | oort  |   |  |   |                                   |
|  | First Name   | Middle Name   | Last Name   |  |   |                                   |
| Debtor 2   | E: AN  | ACT III AT  |   |  |   |                                   |
| (Spouse if, filing)  | First Name   | Middle Name   | Last Name   |  |   |                                   |
| United States B  | ankruptcy Court for the: E   | ASTERN DISTRICT OF P  | ENNSYLVANIA   |  |   |                                   |
| Case number  | 18-11279   |   |   |  |   |                                   |
| (if known)   | 10 11273   |   |   |  | ☐ Chec                                    | k if this is an                   |
|  |  |   |   |  | amen                                      | nded filing                       |
| Official For   | m 106E/E   |   |   |  |   |                                   |
|  | E/F: Creditors Who   | a Haya Uncacura   | d Claims  |  |   | 12/15                             |
|  | nd accurate as possible. Use P   |   |   | or craditors with NON                                | IDDIODITY claims                          |                                   |
| Schedule G: Exect<br>Schedule D: Cred<br>eft. Attach the Co<br>name and case n | ntracts or unexpired leases tha<br>sutory Contracts and Unexpired<br>litors Who Have Claims Secure<br>ontinuation Page to this page. I<br>umber (if known).<br>All of Your PRIORITY Unse   | I Leases (Official Form 106G<br>d by Property. If more space<br>f you have no information to              | ). Do not include any cre<br>is needed, copy the Par                          | editors with partially s<br>t you need, fill it out, | secured claims that<br>number the entries | are listed in in the boxes on the |
| 1. Do any cred   | itors have priority unsecured c  | aims against you?   |   |  |   |                                   |
| ☐ No. Go to  | Part 2.  |   |   |  |   |                                   |
| Yes.   |  |   |   |  |   |                                   |
| identify what possible, list to Part 1. If more                                | ur priority unsecured claims. If<br>type of claim it is. If a claim has b<br>the claims in alphabetical order a<br>e than one creditor holds a partic<br>nation of each type of claim, see | oth priority and nonpriority and<br>ecording to the creditor's name<br>ular claim, list the other credito | ounts, list that claim here a<br>s. If you have more than tw<br>rs in Part 3. | and show both priority a                             | and nonpriority amou                      | ints. As much as                  |
|  |  |   |   |  | amount                                    | amount                            |
|  | f Philadelphia<br>Creditor's Name  | Last 4 digits of acc  | ount number   | \$111.61   | \$111.6                                   | 1 \$0.00                          |
| •  | ipal Services Bldg   | When was the deb  | t incurred?   |  | -   |                                   |
| Philad   | lohn F. Kennedy Blvd<br>elphia, PA 19102   |   |   |  |   |                                   |
|  | Street City State Zlp Code  ed the debt? Check one.  | <u> </u>  | file, the claim is: Check a   | all that apply                                       |   |                                   |
| _  |  | ☐ Contingent  |   |  |   |                                   |
| ■ Debtor 1   | •  | Unliquidated  |   |  |   |                                   |
| Debtor 2   |  | Disputed  |   |  |   |                                   |
| Debtor 1   | and Debtor 2 only  | Type of PRIORITY  |   |  |   |                                   |
| ☐ At least   | one of the debtors and another   | ☐ Domestic suppor   | rt obligations  |  |   |                                   |
| ☐ Check i  | f this claim is for a community  |   | n other debts you owe the   | •  |   |                                   |
|  | subject to offset?   |   | or personal injury while yo   | ou were intoxicated                                  |   |                                   |
| ■ No<br>□ Yes  |  | Other. Specify  | city taxes  |  |   | _                                 |
| Li res   |  |   | City taxes  |  |   |                                   |
| Part 2: List   | All of Your NONPRIORITY U  | Insecured Claims  |   |  |   |                                   |
| 3. Do any credi  | tors have nonpriority unsecure   | ed claims against you?  |   |  |   |                                   |
| ☐ No. You h  | ave nothing to report in this part.  | Submit this form to the court w   | vith your other schedules.  |  |   |                                   |
| Yes.   |  |   |   |  |   |                                   |
| unsecured cla  | ur nonpriority unsecured claim<br>aim, list the creditor separately for  | each claim. For each claim lis  | sted, identify what type of o   | claim it is. Do not list cla                         | aims already include                      | d in Part 1. If more              |

Official Form 106 E/F

Part 2.

Total claim

Document Page 14 of 46 Debtor 1 Jacqueline J Davenport Case number (if know) 18-11279 4.1 \$36.07 **Abington Emergency Physicians** Last 4 digits of account number Nonpriority Creditor's Name 56 W Main Street When was the debt incurred? 9/2017 Ste 305 Newark, DE 19702-1503 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes 4.2 **Abington Memorial Hospital** Last 4 digits of account number \$150.00 Nonpriority Creditor's Name 1200 Old York Road 3/2017 When was the debt incurred? Abington, PA 19001 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical bill ☐ Yes 4.3 \$1,093.00 Last 4 digits of account number 5595 Nonpriority Creditor's Name Opened 03/14 Last Active Po Box 6190 When was the debt incurred? 2/20/18 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

☐ Yes

■ No

debt

■ Other. Specify Credit Card

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

 $\square$  Check if this claim is for a community

Is the claim subject to offset?

■ No

☐ Yes

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card

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| Debt | or 1 Jacqueline J Davenport  |  | Case number (if know) 18-11279                |            |  |  |
|------|--|--|---|------------|--|--|
| 4.7  | Drs Schelkun & Kienle Association Nonpriority Creditor's Name        | Last 4 digits of account number                            |   | \$25.00    |  |  |
|      | 158 York Road<br>Warminster, PA 18974-4521                           | When was the debt incurred?                                | 1/2017  |            |  |  |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
|      | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               | d claim:                                      |            |  |  |
|      | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |  |
|      | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |  |  |
|      | ■ No   | ☐ Debts to pension or profit-sharing                       | ng plans, and other similar debts             |            |  |  |
|      | Yes  | Other. Specify medical bil                                 | <u> </u>                                      |            |  |  |
| 4.8  | Edfinancial Services L   | Last 4 digits of account number                            | 8949  | \$6,191.00 |  |  |
|      | Nonpriority Creditor's Name  |  | Opened 01/17 Last Active                      |            |  |  |
|      | 120 N Seven Oaks Dr<br>Knoxville, TN 37922                           | When was the debt incurred?                                | 1/03/17                                       |            |  |  |
|      | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |
|      | Debtor 1 only  | ☐ Contingent   |   |            |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |
|      | ☐ At least one of the debtors and another                            | other Type of NONPRIORITY unsecured claim:                 |   |            |  |  |
|      | ☐ Check if this claim is for a community                             | Student loans  |   |            |  |  |
|      | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims |   |            |  |  |
|      | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |  |  |
|      | □Yes   | Other. Specify   |   |            |  |  |
|      |  | Educationa   | al  |            |  |  |
| 4.9  | Edfinancial Services L Nonpriority Creditor's Name                   | Last 4 digits of account number                            | 8849  | \$3,500.00 |  |  |
|      | 120 N Seven Oaks Dr<br>Knoxville, TN 37922                           | When was the debt incurred?                                | Opened 01/17 Last Active 1/31/18              |            |  |  |
|      | Number Street City State Zlp Code                                    | As of the date you file, the claim                         | is: Check all that apply                      |            |  |  |
|      | Who incurred the debt? Check one.                                    | _  |   |            |  |  |
|      | Debtor 1 only  | Contingent   |   |            |  |  |
|      | Debtor 2 only  | ☐ Unliquidated   |   |            |  |  |
|      | Debtor 1 and Debtor 2 only   | Disputed   |   |            |  |  |
|      | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               |   |            |  |  |
|      | ☐ Check if this claim is for a community                             | Student loans  |   |            |  |  |
|      | debt Is the claim subject to offset?                                 | report as priority claims                                  | aration agreement or divorce that you did not |            |  |  |
|      | ■ No   | ☐ Debts to pension or profit-sharing                       | ng plans, and other similar debts             |            |  |  |
|      | ☐ Yes  | Other Specify  |   |            |  |  |

**Educational** 

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Page 17 of 46 Debtor 1 Jacqueline J Davenport Case number (if know) 18-11279 4.1 **Edfinancial Services L** 4749 \$3,040.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 10/17 Last Active 120 N Seven Oaks Dr When was the debt incurred? 1/31/18 Knoxville, TN 37922 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.1 **Edfinancial Services L** 4649 \$1,750.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/17 Last Active 120 N Seven Oaks Dr When was the debt incurred? 1/31/18 Knoxville, TN 37922 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.1 First Federal Credit C 8533 \$60.00 Last 4 digits of account number Nonpriority Creditor's Name 24700 Chagrin Blvd Ste 2 When was the debt incurred? **Opened 11/15** Cleveland, OH 44122 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Rehabilitaorthopaedi

**Collection Attorney Surgery** 

Document Page 18 of 46 Debtor 1 Jacqueline J Davenport Case number (if know) 18-11279 4.1 Fox Chase Gartro Assoc PC \$35.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **POB 62107** 7/2017 When was the debt incurred? King of Prussia, PA 19406-0239 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes Orthopedic Surgery & 4.1 \$35.00 Rehabilitation Last 4 digits of account number Nonpriority Creditor's Name 888 Fox Chase Road When was the debt incurred? 11/20/2017 Jenkintown, PA 19046-4437 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical bill ☐ Yes 4.1 **PECO** \$3,080.00 Last 4 digits of account number Nonpriority Creditor's Name POB 37629 When was the debt incurred? Philadelphia, PA 19101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:

deht

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Utility

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Document Page 19 of 46 Debtor 1 Jacqueline J Davenport Case number (if know) 18-11279 4.1 **Penn Medicine** \$140.00 Last 4 digits of account number 6 Nonpriority Creditor's Name POB 824406 11/2017 When was the debt incurred? Philadelphia, PA 19182-4406 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes 4.1 **Penn State** \$636.81 Last 4 digits of account number Nonpriority Creditor's Name Office of the Bursar When was the debt incurred? 9/2017 103 Shields Building University Park, PA 16802-1200 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify tuition 4.1 Phil's Landscape & Design \$450.00 8 Last 4 digits of account number Nonpriority Creditor's Name **POB 1032** When was the debt incurred? 9/2017 Roslyn, PA 19001 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify landscaping

Document Page 20 of 46 Debtor 1 Jacqueline J Davenport Case number (if know) 18-11279 4.1 Radiology Group Abington \$35.93 Last 4 digits of account number 9 Nonpriority Creditor's Name **POB 6750** 11/2016 When was the debt incurred? Portsmouth, NH 03802-6750 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill balance ☐ Yes 4.2 Sanuel E. Cramer, DMD \$392.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 132 South York Road When was the debt incurred? 6/2017 Hatboro, PA 19040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes 4.2 Syncb/lowes 1806 \$726.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 05/13 Last Active Po Box 965005 When was the debt incurred? 8/27/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Charge Account

Debts to pension or profit-sharing plans, and other similar debts

| Debtor | 1 Jacqueline J Davenport   | Document Page 2  | Case number (if know) 18-11279                |            |
|--------|--|--|---|------------|
| 4.2    | Temple University Physicians   | Last 4 digits of account number                            |   | \$25.00    |
|        | Nonpriority Creditor's Name<br>POB 827783<br>Philadelphia, PA 19182-7783                   | When was the debt incurred?                                | 1/2017  |            |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim                         | is: Check all that apply                      |            |
|        | Debtor 1 only  | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?   | report as priority claims                                  | aration agreement or divorce that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |
|        | Yes  | Other. Specify medical bil                                 | <u> </u>                                      |            |
| 4.2    | U.S. Small Business Association  Nonpriority Creditor's Name                               | Last 4 digits of account number                            |   | \$4,620.11 |
|        | 801 Tom Martin Drive<br>Suite 120  | When was the debt incurred?                                |   |            |
|        | Birmingham, AL 35211  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |            |
|        | Debtor 1 only  | ☐ Contingent   |   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |            |
|        | Yes  | Other. Specify loan balance                                | ce  |            |
| 4.2    | Wells Fargo Bank   | Last 4 digits of account number                            | 5452  | \$5,709.00 |
|        | Nonpriority Creditor's Name  |  | Opened 09/12 Last Active                      |            |
|        | Po Box 14517<br>Des Moines, IA 50306   | When was the debt incurred?                                | Opened 08/13 Last Active 5/02/17              |            |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim                         | is: Check all that apply                      |            |
|        | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|        | Debtor 2 only  | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |            |
|        | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

■ No

☐ Yes

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Jacqueline J Davenport

Case number (if know)

18-11279

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | •  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 111.61      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 111.61      |
|              |     |   |     |    | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 14,481.00   |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 23,913.92   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 38,394.92   |

|                     |                         |                    | 1 1000 -0 01 10 |                                      |
|---------------------|-------------------------|--------------------|-----------------|--------------------------------------|
| Fill in this inforr | nation to identify your | case:              |                 |                                      |
| Debtor 1            | Jacqueline J Dav        | enport             |                 |                                      |
|                     | First Name              | Middle Name        | Last Name       |                                      |
| Debtor 2            |                         |                    |                 |                                      |
| (Spouse if, filing) | First Name              | Middle Name        | Last Name       |                                      |
| United States Ba    | nkruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA  |                                      |
|                     | 18-11279                |                    |                 |                                      |
| (if known)          |                         |                    |                 | ☐ Check if this is an amended filing |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.2 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            |   |
| 2.3 | Oity      |              | Otato   | Zii Gode            |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            |   |
| 2.4 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | <del>_</del>                            |
| 2.5 | - 11)     |              |   |                     |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | _                                       |

|                                |  | Docume                         | nt Page 24 c          | of 46  |          |
|--------------------------------|--|--------------------------------|-----------------------|--|----------|
| Fill in this                   | information to identify your                                     | case:                          |                       |  |          |
| Debtor 1                       | Jacqueline J Dav   | /enport                        |                       |  |          |
| <b>D</b> 1 / 0                 | First Name   | Middle Name                    | Last Name             |  |          |
| Debtor 2<br>(Spouse if, filing | ng) First Name   | Middle Name                    | Last Name             |  |          |
| United Sta                     | tes Bankruptcy Court for the:                                    | EASTERN DISTRICT O             | F PENNSYLVANIA        |  |          |
| Case num                       | ber <b>18-11279</b>  |                                |                       | _  |          |
| (if known)                     | 10-11213   |                                |                       | ☐ Check if this is an amended filing   |          |
| Officio                        | l Form 106H  |                                |                       |  |          |
|                                |  | laktona                        |                       |  |          |
| Sched                          | lule H: Your Cod   | lebtors                        |                       | 12   | 2/15     |
| 1. Do                          | and case number (if known  | , , , , , ,                    |                       | as a codebtor.   |          |
| ■ No<br>□ Yes                  | S  |                                |                       |  |          |
|                                | hin the last 8 years, have yo<br>a, California, Idaho, Louisiana |                                |                       | y? (Community property states and territories include ington, and Wisconsin.)  | ;        |
| ■ No                           | Go to line 3.  |                                |                       |  |          |
|                                | s. Did your spouse, former spo                                   | ouse, or legal equivalent live | with you at the time? |  |          |
|                                |  |                                |                       |  |          |
| in line<br>Form                | 2 again as a codebtor only                                       | if that person is a guaran     | tor or cosigner. Make | if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (66). Use Schedule D, Schedule E/F, or Schedule | Official |
|                                | Column 1: Your codebtor  |                                |                       | Column 2: The creditor to whom you owe the   | debt     |
|                                | Name, Number, Street, City, State and 2                          | ZIP Code                       |                       | Check all schedules that apply:  |          |
| 3.1                            |  |                                |                       | ☐ Schedule D, line   |          |
|                                | Name   |                                |                       | ☐ Schedule E/F, line   |          |
|                                |  |                                |                       | ☐ Schedule G, line   |          |
|                                | Number Street<br>City  | State                          | ZIP Code              | _  |          |
| 3.2                            |  |                                |                       | ☐ Schedule D, line   |          |
|                                | Name   |                                |                       | Schedule E/F, line   |          |
|                                |  |                                |                       | ☐ Schedule G, line   |          |
| -                              | Number Street  |                                |                       | _  |          |
|                                | City   | State                          | ZIP Code              |  |          |

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| Eill               | in this information to identify you  | ir casa.  |   |                      |          |  |                               |                       |               |
|--------------------|--|---|---|----------------------|----------|--|-------------------------------|-----------------------|---------------|
|                    |  | ne J Davenport  |   |                      |          |  |                               |                       |               |
|                    | btor 2  Duse, if filing)   | •   |   |                      | _        |  |                               |                       |               |
| Uni                | ited States Bankruptcy Court for   | the: EASTERN DISTRICT   | OF PENNSYLVANIA   | ١                    |          |  |                               |                       |               |
|                    | se number 18-11279   |   | -   |                      |          | Check if this is:  An amende  A supplement | nt showing                    |                       | chapter       |
| $\bigcirc$         | fficial Form 106I  |   |   |                      |          |  |                               | llowing date:         |               |
|                    | chedule I: Your In   | ncome   |   |                      |          | MM / DD/ Y                                 | YYY                           |                       | 12/15         |
| sup<br>spo<br>atta | as complete and accurate as p<br>plying correct information. If y<br>use. If you are separated and y<br>ch a separate sheet to this for<br>tt 1: Describe Employme | ou are married and not filir<br>your spouse is not filing wi<br>m. On the top of any additi | ng jointly, and your sith you, do not include                     | spouse i<br>de infor | s living | g with you, incluation about your spo      | ıde inform<br>use. If mo      | ation about y         | our<br>eeded, |
| 1.                 | Fill in your employment information.   |   | Debtor 1  |                      |          | Debtor 2                                   | Debtor 2 or non-filing spouse |                       |               |
|                    | If you have more than one job, attach a separate page with information about additional  | , Employment status   | ■ Employed  |                      |          | ☐ Emplo                                    | yed                           |                       |               |
|                    |  | Employment status   | ☐ Not employed  |                      |          | ☐ Not er                                   | mployed                       |                       |               |
|                    | employers.   | Occupation  | VA Life Insurance   |                      |          |  |                               |                       |               |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name   | Department of Veterans' Affairs                                   |                      |          |  |                               |                       |               |
|                    | Occupation may include stude or homemaker, if it applies.  | ent<br>Employer's address   | er's address<br>5000 Wissahickon Avenue<br>Philadelphia, PA 19144 |                      |          |  |                               |                       |               |
|                    |  | How long employed t   | here? 10 year   | s                    |          |  |                               |                       |               |
| Par                | rt 2: Give Details About I   | Monthly Income  |   |                      |          |  |                               |                       |               |
| spou<br>If yo      | mate monthly income as of thuse unless you are separated.  ou or your non-filing spouse have a space, attach a separate shee                                       | e more than one employer, co  | , ,   |                      |          |  |                               | •                     | J             |
|                    |  |   |   |                      | F        | or Debtor 1                                | For Deb                       | tor 2 or<br>ng spouse |               |
| 2.                 | List monthly gross wages, s deductions). If not paid month   |   |   | 2.                   | \$       | 5,041.83                                   | \$                            | N/A                   |               |
| 3.                 | Estimate and list monthly ov   | vertime pay.  |   | 3.                   | +\$      | 0.00                                       | +\$                           | N/A                   |               |
| 4.                 | Calculate gross Income. Ad   | d line 2 + line 3.  |   | 4.                   | \$_      | 5,041.83                                   | \$                            | N/A                   |               |
|                    |  |   |   |                      |          |  |                               |                       |               |

Official Form 106I Schedule I: Your Income page 1

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| Debt | or 1          | Jacqueline J Davenport   |            | Ca       | ase number ( <i>if kr</i> | nown)  | 18-1      | 1279        |            |              |
|------|---------------|--|------------|----------|---------------------------|--------|-----------|-------------|------------|--------------|
|      |               |  |            | ı        | For Debtor 1              |        |           | Debtor 2    |            |              |
|      | Con           | y line 4 here  | 4.         | _        | 5,041                     | 02     | non<br>\$ | -filing spo | N/A        |              |
|      | СОР           | y line 4 nere  | ٦.         | •        | 3,04                      | .03    | Ψ         |             | IVA        |              |
| 5.   | List          | all payroll deductions:  |            |          |                           |        |           |             |            |              |
|      | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.        |          | \$1,724                   | .67    | \$        |             | N/A        |              |
|      | 5b.           | Mandatory contributions for retirement plans   | 5b.        |          |                           | 0.00   | \$_       |             | N/A        |              |
|      | 5c.<br>5d.    | Voluntary contributions for retirement plans Required repayments of retirement fund loans  | 5c.        |          | . —                       | 0.00   | \$<br>\$  |             | N/A        |              |
|      | 5u.<br>5e.    | Insurance  | 5d.<br>5e. |          | · ———                     | 0.00   | \$<br>    |             | N/A<br>N/A |              |
|      | 5f.           | Domestic support obligations   | 5f.        |          | ·                         | 0.00   | \$_       |             | N/A        |              |
|      | 5g.           | Union dues   | 5g.        | . 9      |                           | 0.00   | \$        |             | N/A        |              |
|      | 5h.           | Other deductions. Specify:   | _ 5h.      | .+ 3     | . —                       |        | + \$      |             | N/A        |              |
| 6.   | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$       | 1,724                     | .67    | \$        |             | N/A        |              |
| 7.   | Calc          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$       | 3,317                     | 7.16   | \$        |             | N/A        |              |
| 8.   | List<br>8a.   | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                |            |          |                           |        |           |             |            |              |
|      |               | monthly net income.  | 8a.        |          |                           | 0.00   | \$        |             | N/A        |              |
|      | 8b.           | Interest and dividends   | 8b.        | . :      | \$ <b>(</b>               | 0.00   | \$        |             | N/A        |              |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        |          | 600                       | 0.00   | \$        |             | N/A        |              |
|      | 8d.           | Unemployment compensation  | 8d.        | . 9      | . —                       | 0.00   | \$        |             | N/A        |              |
|      | 8e.           | Social Security  | 8e.        | . :      | 5                         | 0.00   | \$        |             | N/A        |              |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | 8f.        | Ş        | \$ (                      | ).00   | \$        |             | N/A        |              |
|      | 8g.           | Pension or retirement income   | 8g.        | . 9      |                           | 7.00   | \$        |             | N/A        |              |
|      | 8h.           | Other monthly income. Specify: real estate income  | _ 8h.      |          | 1,100                     |        | + \$      |             | N/A        |              |
|      |               | J&J Employment Agency income (paid weekly)   | _          | (        | 1,082                     | 2.50   | \$        |             | N/A        |              |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$       | 3,119                     | 9.50   | \$_       |             | N/A        |              |
| 10.  | Calc          | culate monthly income. Add line 7 + line 9.  | 10.        | \$       | 6,436.66                  | + \$   |           | N/A =       | \$         | 6,436.66     |
|      |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            | <b>–</b> | 0,400.00                  | -   *- |           | -14/-       | <b>–</b>   | 0,400.00     |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe       |          |                           |        |           | Schedule J. | 4          | 0.00         |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies   |            |          |                           |        |           | 12. \$      | ombin      | 6,436.66     |
|      |               |  |            |          |                           |        |           |             |            | ea<br>income |
| 13.  | Do y<br>■     | you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:   | ?          |          |                           |        |           |             |            |              |

| EIII      | in this informa                                  | tion to identify yo                 | nır case.                           |   |                       | l          |       |                              |                               |     |
|-----------|--|-------------------------------------|-------------------------------------|---|-----------------------|------------|-------|------------------------------|-------------------------------|-----|
| Deb       |  |                                     |                                     |   |                       | 01         |       | f this is:                   |                               |     |
| Dep       | IOI I  | Jacqueline J                        | Davenp                              | ort   |                       |            |       | f this is:<br>amended filing |                               |     |
|           | tor 2  |                                     |                                     |   |                       |            |       |                              | ving postpetition chapter     |     |
| (Spo      | ouse, if filing)                                 |                                     |                                     |   |                       |            | 13    | expenses as of               | the following date:           |     |
| Unit      | ed States Bankr                                  | uptcy Court for the:                | EASTE                               | RN DISTRICT OF PENNS  | SYLVANIA              |            | M     | M / DD / YYYY                |                               |     |
| Cas       | e number 18                                      | 3-11279                             |                                     |   |                       |            |       |                              |                               |     |
| (If kı    | nown)  |                                     |                                     |   |                       |            |       |                              |                               |     |
| Of        | fficial Fo                                       | rm 106J                             |                                     |   |                       |            |       |                              |                               |     |
|           |  | J: Your I                           | Exper                               | ISAS  |                       |            |       |                              | 12/                           | /1/ |
| Be info   | as complete a<br>ormation. If m<br>nber (if know | and accurate as                     | possible<br>eded, atta<br>y questio | If two married people ar<br>ch another sheet to this        |                       |            |       |                              | r supplying correct           |     |
| Par<br>1. | Is this a joir                                   |                                     | noia                                |   |                       |            |       |                              |                               | _   |
|           | ■ No. Go to                                      | line 2.                             |                                     |   |                       |            |       |                              |                               |     |
|           | ☐ Yes. Doe                                       | s Debtor 2 live i                   | n a separ                           | ate household?  |                       |            |       |                              |                               |     |
|           | □N   |                                     |                                     |   |                       |            |       |                              |                               |     |
|           | ЦΥ   | es. Debtor 2 mus                    | st file Offici                      | al Form 106J-2, <i>Expenses</i>                             | s for Separate House  | ehold of D | ebtor | 2.                           |                               |     |
| 2.        | Do you have                                      | e dependents?                       | ☐ No                                |   |                       |            |       |                              |                               |     |
|           | Do not list D<br>Debtor 2.                       | ebtor 1 and                         | Yes.                                | Fill out this information for each dependent                | Dependent's relation  |            | _     | Dependent's age              | Does dependent live with you? |     |
|           | Do not state                                     | the                                 |                                     |   |                       |            |       |                              | □ No                          |     |
|           | dependents                                       | names.                              |                                     |   | son                   |            |       | 16                           | Yes                           |     |
|           |  |                                     |                                     |   | daughter              |            |       | 19                           | □ No                          |     |
|           |  |                                     |                                     |   | dauginter             |            | _     |                              | ■ Yes<br>□ No                 |     |
|           |  |                                     |                                     |   | son                   |            |       | 20                           | ■ Yes                         |     |
|           |  |                                     |                                     |   | -                     |            |       |                              | □ No                          |     |
| 0         | D  |                                     |                                     |   |                       |            |       |                              | ☐ Yes                         |     |
| 3.        |  | oenses include<br>f people other tl | han                                 | No  |                       |            |       |                              |                               |     |
|           | yourself and                                     | d your depende                      | nts? ⊔                              | Yes   |                       |            |       |                              |                               |     |
| Par       |  | ate Your Ongoi                      |                                     |   |                       |            |       |                              |                               |     |
| exp       |  |                                     |                                     | uptcy filing date unless y<br>y is filed. If this is a supp |                       |            |       |                              |                               | ÷   |
| Incl      | ude expense                                      | s paid for with r                   | non-cash                            | government assistance i                                     | if you know           |            |       |                              |                               |     |
|           | value of sucl<br>ficial Form 10                  |                                     | d have inc                          | Sluded it on Schedule I: \                                  | Your Income           |            |       | Your expe                    | enses                         |     |
| 4.        | The rental of                                    | or home owners                      | hin exnen                           | ses for your residence.                                     | nclude first mortgage | _          |       |                              |                               |     |
| ٦.        |  | nd any rent for the                 |                                     |   | morage mat mortgage   | 4.         | \$_   |                              | 2,120.00                      |     |
|           | If not includ                                    | led in line 4:                      |                                     |   |                       |            |       |                              |                               |     |
|           |  | estate taxes                        |                                     |   |                       | 4a.        |       |                              | 0.00                          |     |
|           |  | rty, homeowner's                    |                                     |   |                       | 4b.        |       |                              | 0.00                          |     |
|           |  | maintenance, re<br>owner's associat |                                     | ıpkeep expenses<br>dominium dues                            |                       | 4c.<br>4d. |       |                              | 0.00<br>0.00                  |     |
| 5.        |  |                                     |                                     | our residence, such as ho                                   | me equity loans       |            | \$ -  |                              | 0.00                          |     |

| Debtor        | 1 Jacqueline J Davenport  | Case num        | ber (if known)   | 18-11279                    |
|---------------|---|-----------------|------------------|-----------------------------|
| 6. <b>U</b> 1 | tilities:   |                 |                  |                             |
| o. <b>O</b> i |   | 6a.             | \$               | 290.00                      |
| 6b            |   | 6b.             | \$               | 55.00                       |
| 60            |   | 6c.             | ·                | 200.00                      |
| 60            |   | 6d.             | ·                | 0.00                        |
|               | pod and housekeeping supplies   | 7.              |                  | 300.00                      |
|               | . •   | 7.<br>8.        | ·                |                             |
| _             | hildcare and children's education costs   |                 | \$               | 0.00                        |
|               | lothing, laundry, and dry cleaning  | 9.              | \$               | 25.00                       |
|               | ersonal care products and services  | 10.             | \$               | 25.00                       |
|               | edical and dental expenses  | 11.             | \$               | 30.00                       |
|               | ransportation. Include gas, maintenance, bus or train fare.   | 12.             | \$               | 500.00                      |
|               | o not include car payments.   |                 | ·                |                             |
|               | ntertainment, clubs, recreation, newspapers, magazines, and books   | 13.             | •                | 150.00                      |
|               | haritable contributions and religious donations   | 14.             | \$               | 40.00                       |
|               | surance.  |                 |                  |                             |
|               | o not include insurance deducted from your pay or included in lines 4 or 20.  | 150             | ¢                | 045.07                      |
|               | 5a. Life insurance  | 15a.            | ·                | 345.27                      |
|               | 5b. Health insurance  | 15b.            | •                | 0.00                        |
|               | 5c. Vehicle insurance   | 15c.            | ·                | 173.21                      |
|               | 5d. Other insurance. Specify:   | 15d.            | \$               | 0.00                        |
|               | axes. Do not include taxes deducted from your pay or included in lines 4 or 20.   |                 | _                |                             |
|               | pecify:   | 16.             | \$               | 0.00                        |
|               | stallment or lease payments:  |                 | _                |                             |
|               | 7a. Car payments for Vehicle 1  | 17a.            | •                | 0.00                        |
| 17            | 7b. Car payments for Vehicle 2  | 17b.            | \$               | 0.00                        |
| 17            | 7c. Other. Specify:   | 17c.            | \$               | 0.00                        |
| 17            | 7d. Other. Specify:   | 17d.            | \$               | 0.00                        |
|               | our payments of alimony, maintenance, and support that you did not report   |                 |                  | 0.00                        |
|               | educted from your pay on line 5, Schedule I, Your Income (Official Form 106   | ii). 18.        | · -              | 0.00                        |
| 9. <b>O</b> 1 | ther payments you make to support others who do not live with you.  |                 | \$               | 0.00                        |
|               | pecify:   | 19.             |                  |                             |
|               | ther real property expenses not included in lines 4 or 5 of this form or on So  |                 |                  |                             |
| 20            | Da. Mortgages on other property   | 20a.            | \$               | 0.00                        |
| 20            | b. Real estate taxes  | 20b.            | \$               | 100.00                      |
| 20            | Oc. Property, homeowner's, or renter's insurance  | 20c.            | \$               | 66.13                       |
| 20            | 0d. Maintenance, repair, and upkeep expenses  | 20d.            | \$               | 0.00                        |
| 20            | De. Homeowner's association or condominium dues   | 20e.            | \$               | 0.00                        |
| 1. O          | ther: Specify:  | 21.             | +\$              | 0.00                        |
|               |   |                 | - *              | 0.00                        |
|               | alculate your monthly expenses  |                 |                  |                             |
| 22            | 2a. Add lines 4 through 21.   |                 | \$               | 4,419.61                    |
| 22            | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-  | -2              | \$               |                             |
| 22            | 2c. Add line 22a and 22b. The result is your monthly expenses.  |                 | \$               | 4,419.61                    |
|               |   |                 | · —              | 7,710101                    |
|               | alculate your monthly net income.   |                 |                  |                             |
|               | Ba. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.            | \$               | 6,436.66                    |
| 23            | Bb. Copy your monthly expenses from line 22c above.   | 23b.            | -\$              | 4,419.61                    |
|               |   |                 |                  | ,                           |
| 23            | 3c. Subtract your monthly expenses from your monthly income.  |                 |                  | 0.047.05                    |
|               | The result is your monthly net income.  | 23c.            | \$               | 2,017.05                    |
|               |   |                 |                  |                             |
|               | o you expect an increase or decrease in your expenses within the year after   |                 |                  |                             |
|               | or example, do you expect to finish paying for your car loan within the year or do you expect y<br>odification to the terms of your mortgage? | your mortgage p | payment to incre | ease or decrease because of |
|               | , , ,   |                 |                  |                             |
|               | No.   |                 |                  |                             |
|               | Yes. Explain here:  |                 |                  |                             |

| Fill in this information to identi                       | ify your case:                  |                                |   |                                    |
|--|---------------------------------|--------------------------------|---|------------------------------------|
|  |                                 |                                |   |                                    |
| First Name   | e J Davenport  Middle Name      | Last Name                      |   |                                    |
| Debtor 2   |                                 |                                |   |                                    |
| (Spouse if, filing) First Name                           | Middle Name                     | Last Name                      |   |                                    |
| United States Bankruptcy Court                           | for the: EASTERN DISTRICT       | Γ OF PENNSYLVANIA              |   |                                    |
| Case number <b>18-11279</b>                              |                                 |                                |   |                                    |
| (if known)   |                                 |                                |   | Check if this is an amended filing |
|  |                                 |                                |   | Ŭ                                  |
| Official Form 106Dec                                     |                                 |                                |   |                                    |
| Declaration Abo  | out an Individua                | al Debtor's Sch                | nedules                                       | 12/15                              |
| years, or both. 18 U.S.C. §§ 152<br>Sign Below           | , 1341, 1519, and 35/1.         |                                |   |                                    |
| Did you pay or agree to pa                               | ay someone who is NOT an att    | torney to help you fill out ba | nkruptcy forms?                               |                                    |
| ■ No   |                                 |                                |   |                                    |
| ☐ Yes. Name of person                                    |                                 |                                | Attach Bankruptcy Peti Declaration, and Signa |                                    |
|  |                                 |                                | Declaration, and Signa                        | ture (Onicial Form 119)            |
| Under penalty of perjury, I that they are true and corre | declare that I have read the su | ummary and schedules filed     | with this declaration and                     |                                    |
| X /s/ Jacqueline J Dav                                   | /enport                         | X                              |   |                                    |
| Jacqueline J Daven                                       |                                 | Signature of D                 | Debtor 2                                      |                                    |
| Signature of Debtor 1                                    |                                 |                                |   |                                    |
|  |                                 |                                |   |                                    |

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| Fill        | in this infor   | rmation to identify you                    | r case:  |                                    |  |                                    |  |  |  |
|-------------|---|--|--|------------------------------------|--|------------------------------------|--|--|--|
| Deb         | otor 1  | Jacqueline J Da                            |  | Loot Name                          |  |                                    |  |  |  |
| Deb         | otor 2  | First Name                                 | Middle Name  | Last Name                          |  |                                    |  |  |  |
|             | use if, filing)   | First Name                                 | Middle Name  | Last Name                          |  |                                    |  |  |  |
| Uni         | ted States B  | ankruptcy Court for the:                   | EASTERN DISTRICT OF  | PENNSYLVANIA                       |  |                                    |  |  |  |
| Cas         | e number  | 18-11279                                   |  |                                    |  |                                    |  |  |  |
| (if kn      | own)  |  |  |                                    | _  | check if this is an                |  |  |  |
|             |   |  |  |                                    | a  | mended filing                      |  |  |  |
| <b>~</b> (  | · · · · · -   | 407  |  |                                    |  |                                    |  |  |  |
|             |   | orm 107                                    |  |                                    |  |                                    |  |  |  |
| Sta         | atemen  | t of Financial                             | Affairs for Individ  | duals Filing for B                 | ankruptcy  | 4/16                               |  |  |  |
|             |   |  |  |                                    | equally responsible for sup<br>additional pages, write you     |                                    |  |  |  |
|             |   | vn). Answer every que                      |  | uns form. On the top of any        | additional pages, write you                                    | i name and case                    |  |  |  |
| Par         | t 1: Give   | Details About Your Ma                      | arital Status and Where You                                  | Lived Before                       |  |                                    |  |  |  |
| 1           |   | ur current marital statu                   |  |                                    |  |                                    |  |  |  |
| ••          | _   |  | 13:  |                                    |  |                                    |  |  |  |
|             | ☐ Marrie  | _  |  |                                    |  |                                    |  |  |  |
|             | ■ Not ma  | arried                                     |  |                                    |  |                                    |  |  |  |
| 2.          | During the last 3 years, have you lived anywhere other than where you live now? |  |  |                                    |  |                                    |  |  |  |
|             | ■ No  |  |  |                                    |  |                                    |  |  |  |
|             | ☐ Yes. L  | ist all of the places you l                | ived in the last 3 years. Do no                              | ot include where you live now      |  |                                    |  |  |  |
|             | Debtor 1 F  | Prior Address:                             | Dates Debtor 1   | Debtor 2 Prior Ad                  | dress:   | Dates Debtor 2                     |  |  |  |
|             |   |  | lived there  |                                    |  | lived there                        |  |  |  |
| 3.<br>state |   |  |  |                                    | ity property state or territory<br>co, Texas, Washington and W |                                    |  |  |  |
| otate       | o ana tornio  | mos morado mizona, od                      | mornia, idano, Eduldiana, ivo                                | vada, rvew iviexioo, r derio rv    | oo, rexas, washington and w                                    | 1300113111.)                       |  |  |  |
|             | ■ No  |  |  | W : 1 E 40011)                     |  |                                    |  |  |  |
|             | ☐ Yes. M  | lake sure you fill out Sch                 | hedule H: Your Codebtors (Of                                 | ficial Form 106H).                 |  |                                    |  |  |  |
| Par         | t 2 Expla   | ain the Sources of You                     | r Income   |                                    |  |                                    |  |  |  |
| 4           | Did you bo  | vo any income from ou                      | unleyment or from energin                                    | a a business during this us        |  |                                    |  |  |  |
| 4.          |   |  | nployment or from operating use received from all jobs and a |                                    | ear or the two previous caler<br>time activities.              | idar years?                        |  |  |  |
|             | If you are fil  | ing a joint case and you                   | have income that you receive                                 | e together, list it only once ur   | der Debtor 1.  |                                    |  |  |  |
|             | □ No  |  |  |                                    |  |                                    |  |  |  |
|             | Yes. F  | ill in the details.                        |  |                                    |  |                                    |  |  |  |
|             |   |  | Debtor 1   |                                    | Debtor 2   |                                    |  |  |  |
|             |   |  | Sources of income  | Gross income                       | Sources of income  | Gross income                       |  |  |  |
|             |   |  | Check all that apply.  | (before deductions and exclusions) | Check all that apply.  | (before deductions and exclusions) |  |  |  |
| Ero         | m lanuaru   | 1 of current year until                    | _  | •                                  | □ \M/= === : :   | and oxoldolono)                    |  |  |  |
|             |   | 1 of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips                          | \$10,076.00                        | ☐ Wages, commissions, bonuses, tips                            |                                    |  |  |  |
|             |   |  | _  |                                    | ☐ Operating a business   |                                    |  |  |  |
|             |   |  | ☐ Operating a business                                       |                                    |  |                                    |  |  |  |

Official Form 107

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Case number (if known)

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Debtor 1 Jacqueline J Davenport

|  | Debtor 1   |   | Debtor 2  |   |
|--|--|---|---|---|
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions<br>and exclusions) |
|  | ☐ Wages, commissions, bonuses, tips  | \$2,200.00  | ☐ Wages, commissions, bonuses, tips                         |   |
|  | Operating a business   |   | ☐ Operating a business                                      |   |
| For last calendar year:<br>(January 1 to December 31, 2017)  | ■ Wages, commissions, bonuses, tips  | \$37,036.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|  | ☐ Operating a business   |   | ☐ Operating a business                                      |   |
|  | ☐ Wages, commissions, bonuses, tips  | \$13,200.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|  | Operating a business   |   | ☐ Operating a business                                      |   |
| For the calendar year before that:<br>(January 1 to December 31, 2016)   | ■ Wages, commissions, bonuses, tips  | \$48,681.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|  | ☐ Operating a business   |   | ☐ Operating a business                                      |   |
|  | ☐ Wages, commissions, bonuses, tips  | \$13,200.00   | ☐ Wages, commissions, bonuses, tips                         |   |
|  | Operating a business   |   | ☐ Operating a business                                      |   |
| 5. Did you receive any other incom<br>Include income regardless of wheth<br>and other public benefit payments;<br>winnings. If you are filing a joint cas<br>List each source and the gross income | ner that income is taxable. Exa<br>pensions; rental income; inter<br>se and you have income that y | amples of other income are all<br>lest; dividends; money collect<br>you received together, list it or | ed from lawsuits; royalties; an<br>nly once under Debtor 1. |   |
| <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |  |   |   |   |
|  | Debtor 1<br>Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)                                      | Debtor 2<br>Sources of income<br>Describe below.            | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:  | Retirement Income  | \$674.00  |   |   |

For the calendar year before that:

For last calendar year: (January 1 to December 31, 2017)

\$1,200.00

\$4,044.00

\$7,200.00

\$7,200.00

**Child Support** 

**Child Support** 

**Child Support** 

**Retirement Income** 

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| Pa  | rt 3: List                               | Certain Pa   | yments You Made Befo                   | ore You Filed for Bankru                                   | ptcy                                    |                       |   |
|---|--|--|--|--|---|-----------------------|---|
| 6.  | Are either No.                           | Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |  |  |   |                       |   |
|   |  | During the   | 90 days before you filed Go to line 7. | I for bankruptcy, did you pa                               | ay any creditor a tot                   | al of \$6,425* or mo  | re?   |
| Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total paid that creditor. Do not include payments for domestic support obligations, such as child support and alimnot include payments to an attorney for this bankruptcy case. |  |  |  |  |   |                       |   |
|   |  | * Subject  |  | o an attorney for this bank<br>and every 3 years after the |   | n or after the date o | f adjustment.   |
| Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  |  |  |  |  |   | ,                     |   |
|   |  | ■ No.  | Go to line 7.                          |  |   |                       |   |
|   |  | □ <sub>Yes</sub>   |  | lomestic support obligation                                |   |                       | you paid that creditor. Do not<br>Also, do not include payments to an |
|   | Creditor'                                | s Name and   | d Address                              | Dates of payment   | Total amount paid                       | Amount you still owe  | Was this payment for  |
|   | alimony.                                 |  | e as a sole proprietor. 1              | 1 U.S.C. § 101. Include pa                                 | yments for domestion                    | support obligation    | s, such as child support and  |
|   | Insider's Name and Address               |  |  | Dates of payment   | Total amount paid                       | Amount you still owe  | Reason for this payment   |
| 8.  | insider?<br>Include pa<br>■ No<br>□ Yes. | lyments on o   | debts guaranteed or cosi               | igned by an insider.                                       |   |                       | ccount of a debt that benefited an                                    |
|   | Insider's                                | Name and   | Address                                | Dates of payment   | Total amount paid                       | Amount you still owe  | Reason for this payment Include creditor's name                       |
| Pa  | rt 4: Idei                               | ntify Legal /  | Actions, Repossession                  | s, and Foreclosures  |   |                       |   |
| 9.  | List all suc                             | h matters, ii  |  | cy, were you a party in ar<br>cases, small claims action   |   |                       |   |
|   | □ No ■ Yes.                              | Fill in the de   | etails.                                |  |   |                       |   |
|   | Case title                               |  |  | Nature of the case   | Court or agency                         |                       | Status of the case  |
|   | Pennsy                                   | Ivania Hou<br>vs. Jacqu<br>ort   | using Finance<br>ueline J              | foreclosure  | Montgomery County Court of Common Pleas |                       | <ul><li>□ Pending</li><li>□ On appeal</li><li>■ Concluded</li></ul>   |
|   | 2017-20                                  |  |  |  |   |                       | judgment entered  |

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| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, Check all that apply and fill in the details below. |  |              |  |   | d, seized, or levied?     |  |
|---|--|--------------|--|---|---------------------------|--|
|   | <ul><li>No. Go to line 11.</li><li>☐ Yes. Fill in the information below.</li></ul>   |              |  |   |                           |  |
|   | Creditor Name and Address  | D            | escribe the Property   | Date                                    | Value of the              |  |
|   |  | E            | xplain what happened   |   | property                  |  |
| 11.   | Within 90 days before you filed for banks accounts or refuse to make a payment b  ■ No □ Yes. Fill in the details.   |              | , did any creditor, including a bank or financial ins<br>e you owed a debt?  | titution, set off any a                 | amounts from your         |  |
|   | Creditor Name and Address  | D            | escribe the action the creditor took   | Date action was taken                   | Amount                    |  |
| 12.   | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  No |              |  |   |                           |  |
|   | Yes  |              |  |   |                           |  |
| Par   | t 5: List Certain Gifts and Contribution   | S            |  |   |                           |  |
| 13.   | Within 2 years before you filed for bankr  ■ No  □ Yes. Fill in the details for each gift.   | uptcy,       | did you give any gifts with a total value of more th   | nan \$600 per person                    | ?                         |  |
|   | Gifts with a total value of more than \$60 per person  | 0            | Describe the gifts   | Dates you gave the gifts                | Value                     |  |
|   | Person to Whom You Gave the Gift and Address:  |              |  |   |                           |  |
| 14.   | Within 2 years before you filed for bankr  ■ No □ Yes. Fill in the details for each gift or c  |              | did you give any gifts or contributions with a tota  | I value of more than                    | \$600 to any charity?     |  |
|   | Gifts or contributions to charities that t more than \$600 Charity's Name  |              | Describe what you contributed  | Dates you contributed                   | Value                     |  |
|   | Address (Number, Street, City, State and ZIP Code  | e)           |  |   |                           |  |
| Par   | t 6: List Certain Losses   |              |  |   |                           |  |
| 15.   | Within 1 year before you filed for bankru or gambling?   | ptcy o       | r since you filed for bankruptcy, did you lose anyt  | hing because of the                     | ft, fire, other disaster, |  |
|   | ■ No □ Yes. Fill in the details.   |              |  |   |                           |  |
|   | Describe the property you lost and   | Desci        | ribe any insurance coverage for the loss   | Date of your                            | Value of property         |  |
|   | how the loss occurred  | Includ       | de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.                                  | loss                                    | lost                      |  |
| Par   | t 7: List Certain Payments or Transfers  |              |  |   |                           |  |
|   | Within 1 year before you filed for bankru consulted about seeking bankruptcy or p  | ptcy, c      | did you or anyone else acting on your behalf pay o ing a bankruptcy petition? ers, or credit counseling agencies for services required |   | rty to anyone you         |  |
|   | □ No   |              |  |   |                           |  |
|   | Yes. Fill in the details.  |              |  |   |                           |  |
|   | Person Who Was Paid Address Email or website address Person Who Made the Payment if Not Y  | <b>'</b> 011 | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment         |  |
| Offici  | Person Who Made the Payment, if Not Y ial Form 107 Star  |              | of Financial Affairs for Individuals Filing for Bankruptcy   |   | page <b>4</b>             |  |

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Debtor 1 Jacqueline J Davenport

|  | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | transferred                      | value of any propo   | erty         | Date payment or transfer was made                       | Amount of payment                             |  |
|--|--|----------------------------------|--|--------------|---|---|--|
|  | Law Offices Of Michele Perez Capilato<br>500 Office Center Drive<br>Suite 400<br>Fort Washington, PA 19034<br>perezcapilatolaw@yahoo.com   |                                  | Attorney Fees  |              | 2/8201  | \$1,100.00                                    |  |
|  | Cricket Debt Management  | mandatory pre<br>counseling      | e-bankruptcy filir   | ng credit    | 2/2018  | \$24.00                                       |  |
| 17.  | Within 1 year before you filed for bankrupto<br>promised to help you deal with your credito<br>Do not include any payment or transfer that you   | rs or to make paymen             |  |              | or transfer any propei                                  | rty to anyone who                             |  |
|  | No No  |                                  |  |              |   |   |  |
|  | Yes. Fill in the details.  Person Who Was Paid  Address  | Description and transferred      | value of any prope   | erty         | Date payment or transfer was                            | Amount of payment                             |  |
|  |  |                                  |  |              | made  |   |  |
| <ul> <li>18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to an transferred in the ordinary course of your business or financial affairs?     Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgainclude gifts and transfers that you have already listed on this statement.     </li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |                                  |  |              |   |   |  |
|  | Person Who Received Transfer<br>Address  | Description and property transfe |  |              | any property or<br>s received or debts<br>schange       | Date transfer was made                        |  |
|  | Person's relationship to you   |                                  |  | •            |   |   |  |
| 19.  | <ul> <li>19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you as beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> </ul> |                                  |  |              |   | of which you are a                            |  |
|  | Yes. Fill in the details.  Name of trust   | Description and                  | value of the prope   | rty transfor | red   | Date Transfer was                             |  |
|  | Name of trust  | Description and                  | value of the prope   | ity transien | eu  | made  |  |
| Par  | t 8: List of Certain Financial Accounts, Ins   | struments, Safe Depos            | sit Boxes, and Stor  | age Units    |   |   |  |
| 20.  | Within 1 year before you filed for bankruptc sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, assoc □ No  | or other financial acco          | unts; certificates o                                       |              |   |   |  |
|  | Yes. Fill in the details.  |                                  |  |              |   |   |  |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number  | Type of accoun instrument                                  | clo<br>me    | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |  |
|  | Wells Fargo IRA  | XXXX-                            | ☐ Checking ☐ Savings ☐ Money Marke ☐ Brokerage ■ Other IRA |              | 31/2017   | \$170.00                                      |  |

Case 18-11279-mdc Doc 18 Filed 04/05/18 Entered 04/05/18 20:24:16 Desc Main Page 35 of 46 Document Case number (if known) 18-11279 Debtor 1 Jacqueline J Davenport Name of Financial Institution and Last 4 digits of Type of account or Last balance Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 7/31/2017 XXXX-\$150.00 Wells Fargo Checking □ Savings ☐ Money Market ☐ Brokerage □ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Describe the contents Name of Financial Institution Who else had access to it? Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Value Owner's Name Where is the property? Describe the property (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

Official Form 107

п

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Yes. Fill in the details.

Date of notice

Environmental law, if you

know it

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I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jacqueline J Davenport Jacqueline J Davenport Signature of Debtor 1

Signature of Debtor 2

**Date** 

Date April 5, 2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Official Form 107

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Debtor 1 Jacqueline J Davenport

| ☐ Yes                          |   |
|--------------------------------|---|
| Did you pay or agree to pay so | omeone who is not an attorney to help you fill out bankruptcy forms?                                |
| ■ No                           |   |
| ☐ Yes. Name of Person          | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-11279-mdc Doc 18 Filed 04/05/18 Entered 04/05/18 20:24:16 Desc Main Document Page 42 of 46

B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Eastern District of Pennsylvania

| In   | re _ Jacqueline J Davenport  |  | Case No.                               | 18-11279                           |  |  |  |
|------|--|--|--|------------------------------------|--|--|--|
|      |  | Debtor(s)  | Chapter                                | 13                                 |  |  |  |
|      | DISCLOSURE OF COMPE  | NSATION OF ATTORNEY  | FOR DE                                 | CBTOR(S)                           |  |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of  | ng of the petition in bankruptcy, or agre  | ed to be paid                          | to me, for services rendered or to |  |  |  |
|      | For legal services, I have agreed to accept  |  | \$                                     | 4,000.00                           |  |  |  |
|      | Prior to the filing of this statement I have received.   |  | \$                                     | 1,100.00                           |  |  |  |
|      | Balance Due  |  | \$                                     | 2,900.00                           |  |  |  |
| 2.   | The source of the compensation paid to me was:   |  |  |                                    |  |  |  |
|      | ■ Debtor □ Other (specify):  |  |  |                                    |  |  |  |
| 3.   | The source of compensation to be paid to me is:  |  |  |                                    |  |  |  |
|      | ■ Debtor □ Other (specify):  |  |  |                                    |  |  |  |
| 4.   | ■ I have not agreed to share the above-disclosed comp  | ensation with any other person unless  | they are memb                          | pers and associates of my law firm |  |  |  |
|      | ☐ I have agreed to share the above-disclosed compensations of the agreement, together with a list of the nar   |  |  |                                    |  |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |  |  |                                    |  |  |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rende</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of credited</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on ho</li> </ul> | ement of affairs and plan which may be<br>ors and confirmation hearing, and any a<br>reduce to market value; exemptions<br>ons as needed; preparation and fi | e required; adjourned hear n planning; | rings thereof;                     |  |  |  |
| 6.   | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any dis<br>any other adversary proceeding.  | e does not include the following service schargeability actions, judicial lie  | e:<br>n avoidance                      | es, relief from stay actions or    |  |  |  |
|      |  | CERTIFICATION  |  |                                    |  |  |  |
| this | I certify that the foregoing is a complete statement of any s bankruptcy proceeding.   | y agreement or arrangement for payme   | nt to me for re                        | epresentation of the debtor(s) in  |  |  |  |
|      | April 5, 2018  | /s/ Michele Perez Capila   | ito                                    |                                    |  |  |  |
|      | Date   | Michele Perez Capilato Signature of Attorney   |  |                                    |  |  |  |
|      |  | Law Offices Of Michele   | Perez Capil                            | ato                                |  |  |  |
|      |  | 500 Office Center Drive<br>Suite 400   |  |                                    |  |  |  |
|      |  | Fort Washington, PA 19   | 034                                    |                                    |  |  |  |
|      |  | (267) 513-1777 Fax: 1(8  | 366) 535-816                           | 60                                 |  |  |  |
|      |  | perezcapilatolaw@yaho  | oo.com                                 |                                    |  |  |  |
| 1    |  | Name of law firm   |  |                                    |  |  |  |

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## United States Bankruptcy Court Eastern District of Pennsylvania

|       |                        | <u> </u>  |             |          |  |
|-------|------------------------|-----------|-------------|----------|--|
| In re | Jacqueline J Davenport |           | Case No.    | 18-11279 |  |
|       |                        | Debtor(s) | <br>Chapter | 13       |  |

## **VERIFICATION OF CREDITOR MATRIX**

| The above-named Debtor hereby verifies | that the attached list of creditors is true and correct to the best of his/her knowledge. |
|--|---|
| Date: <b>April 5, 2018</b>             | /s/ Jacqueline J Davenport Jacqueline J Davenport   |
|  | Signature of Debtor   |

Abington Emergency Physicians 56 W Main Street Ste 305 Newark, DE 19702-1503

Abington Memorial Hospital 1200 Old York Road Abington, PA 19001

Citi Po Box 6190 Sioux Falls, SD 57117

Citi Po Box 6241 Sioux Falls, SD 57117

City of Philadelphia Municipal Services Bldg Concourse 1401 John F. Kennedy Blvd Philadelphia, PA 19102

Credit Collection Services 725 Canton Street Norwood, MA 02062

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Drs Schelkun & Kienle Association 158 York Road Warminster, PA 18974-4521

Edfinancial Services L 120 N Seven Oaks Dr Knoxville, TN 37922 First Federal Credit C 24700 Chagrin Blvd Ste 2 Cleveland, OH 44122

Fox Chase Gartro Assoc PC POB 62107 King of Prussia, PA 19406-0239

KML Law Group 701 Market Street Suite 5000 Philadelphia, PA 19106

Mercedes Benz Financia P.o. Box 961 Roanoke, TX 76262

Orthopedic Surgery & Rehabilitation 888 Fox Chase Road Jenkintown, PA 19046-4437

Pa Housing Finance Age 211 N Front St Harrisburg, PA 17101

PECO POB 37629 Philadelphia, PA 19101

Penn Medicine POB 824406 Philadelphia, PA 19182-4406

Penn State Office of the Bursar 103 Shields Building University Park, PA 16802-1200 Phil's Landscape & Design POB 1032 Roslyn, PA 19001

Radiology Group Abington POB 6750 Portsmouth, NH 03802-6750

Sanuel E. Cramer, DMD 132 South York Road Hatboro, PA 19040

Syncb/lowes Po Box 965005 Orlando, FL 32896

Temple University Physicians POB 827783 Philadelphia, PA 19182-7783

U.S. Small Business Association 801 Tom Martin Drive Suite 120 Birmingham, AL 35211

Wells Fargo Bank Po Box 14517 Des Moines, IA 50306